

TRAVEL EXPENSE CLAIM

D. 262 (REV. 9/2007)

See Instructions and *Privacy Statement On Reverse Side

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CLAIMANT'S NAME Alan Trounson		SSN or EMPLOYEE NUMBER* [REDACTED]	DEPARTMENT CIRM	
POSITION President	CB/ID No.	DIVISION or BUREAU CIRM		INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 210 King Street		TELEPHONE NUMBER (415) 396-9105
CITY San Francisco	STATE CA	ZIP CODE	CITY San Francisco	STATE CA
				ZIP CODE 94107

(1) NORMAL WORK HOURS [REDACTED]	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED 0.555
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(4) MONTH/YEAR 7-8/2013	(5) DATE	(5) TIME	(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS				(9) INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY	
					BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	(A) COST OF TRANS.		(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE				
												MILES	AMOUNT			
	7/17	17:55	San Francisco									10.00	0.00		10.00	
	7/19	08:01	San Francisco									19.00	0.00		19.00	
	7/23	09:40	San Francisco										0.00	24.39	24.39	
	7/24	13:24	San Francisco										0.00	51.50	51.50	
	7/27	09:57	San Francisco										0.00	47.69	47.69	
	8/23	19:07	San Francisco										0.00	78.58	78.58	
	8/26	18:43	San Francisco										0.00	150.75	150.75	
	8/27	11:30 24:00	San Francisco / La Jolla				12.96		106.00				0.00		118.96	
													0.00		0.00	
													0.00		0.00	
													0.00		0.00	
													0.00		0.00	
(13)	SUBTOTALS			0.00	0.00	0.00	12.96	0.00	106.00			29.00	0.00	0.00	352.93	500.89 500.87
COLUMN CODE (ACCTG. USE ONLY)																
CLAIM TOTAL														500.89 500.87		

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

7/17 - UCSF Meeting
 7/19 - Bridges Meeting
 7/23 - Business Meeting Jeff Sheehy
 7/24 - Business Meeting with Dr. David Adamson
 7/27 - Business Meeting with Dr. Roger Baker, Rosa Canet-Aviles and Ian Sweedler
 8/23 - Business Meeting with Dr. Christine Mummery
 8/26 - Business Meeting with Dr. Corey Goodman
 8/27 - 8/28 - August ICOC Board Meeting - La Jolla, CA

AGENCY ACCOUNTING OFFICE USE ONLY
PAYED BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

[REDACTED]	DATE 11-7-13	(16) [REDACTED]	DATE 11/13/13
SIGNATURE and TITLE (See Item 17 on reverse)		[REDACTED]	DATE